

**City of Panorama Village**  
99 Hiwon Drive, Panorama Village, TX 77304  
Phone: 936-856-2821 Fax: 936-856-2547  
Website: [panoramavillagetx.gov](http://panoramavillagetx.gov)

## ELECTRICAL

### PERMIT APPLICATION

*Expires in 6 months (180 days); Non-Transferable*

Building Permit # \_\_\_\_\_

Application Date: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Company Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Field Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

☐ Residential ☐ Commercial Valuation of Work: \$ \_\_\_\_\_  
☐ Less than 5,000 SF ☐ More than 5,000 SF  
☐ New ☐ Addition ☐ Alteration ☐ Remove/Demolish ☐ Move Other: \_\_\_\_\_

**Inspections up to 5000 sq.ft. = \$75 each. Re-inspections = \$75 each.**

**Inspections over 5000 sq.ft. = \$100 each. Re-inspections = \$100 each.**

**Additional inspections required during project subject to fees above.**

Work Description and Additional Notes:	Typical Inspections Required:
	<input type="checkbox"/> T-Pole (for temporary electric), if necessary <input type="checkbox"/> Underground: # Inspections _____ <input type="checkbox"/> Rough: # Inspections _____ <input type="checkbox"/> Final: # Inspections _____ <input type="checkbox"/> Other: _____ # Inspections: _____

I certify that I am an authorized signer with the authority to submit this application. I certify that I have read and examined this application and attest that the information I am providing is correct. I understand that it is against the law to make a false statement on a government document and that incomplete applications will be denied. I agree to comply with all provisions of laws and ordinances governing this type of work, whether specified herein or not. The approval of this application does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

☐ Received for Review by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Base Application Fee:	\$ 50.00
Inspection Fees:	\$
Total Fees Due:	\$
Receipt #:	

Revision: 09/06/2022